

Mobility Fund Phase 1 - §54.1009 Annual Reporting Data Collection Form	FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
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<010> Study Area Code	618322
<015> Study Area Name	GCI Communication Corp.
<020> Program Year	2019
<030> Contact Name: Person USAC should contact with questions about this data	Chris Nierman
<035> Contact Telephone Number: Number of the person identified in data line <030>	2024578815 ext.
<039> Contact Email: Email of the person identified in data line <030>	cnierman@gci.com

<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)	<input checked="" type="radio"/> <input type="radio"/>	
<041> Attach a description of the documents filed with the Form 481 reporting	<041>	<div style="border: 1px solid black; padding: 2px;">Form481GCICommunicationsCorp618322.pdf</div>
<042> Cite the Study Area Code (SAC) for the Form 481 reporting	<042>	<div style="border: 1px solid black; padding: 2px;">619014</div>

<080> Tribal Lands Reporting (y/n?) <i>(Does this study area cover tribal lands? Yes or No)</i>	<input checked="" type="radio"/> <input type="radio"/>	
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Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	1568880
<111>	Filing Carrier Name	GCI Communication Corp
<112>	Winning Bidder Carrier Name	GCI Communication Corp
<113>	Street Address (or PO Box)	2550 Denali St, Suite 1000
<114>	City	Anchorage
<115>	State	AK
<116>	Zip-Code	99503
<117>	Telephone Number	2024578815 ext.
<118>	Fax Number	9078689817
<119>	Email Address	cnierman@gci.com

Contact Information

if same as above, indicate in this box



<120>	Name (First, MI, Last, Suffix)	Chris Nierman
<121>	Filing Carrier Name	GCI Communication Corp
<122>	Street Address (or PO Box)	2550 Denali St, Suite 1000
<123>	City	Anchorage
<124>	State	AK
<125>	Zip-Code	99503
<126>	Telephone Number	2024578815 ext.
<127>	Fax Number	9078689817
<128>	Email Address	cnierman@gci.com

Authorized Agent Information

if no agent, indicate in this box



<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

(060) Coverage and Performance Report

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

618322_CPRd_AK.zip

Coverage and Performance attachments

<141>	<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				-- See attached worksheet						
				--						

Percentage of Total
Population Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

0

(070) Urban Rate Comparability Certification ComplianceFCC Form 690
Approved by OMB
OMB Control No. 3060-1185
Page 4 of 8

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)		
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:	GCI Communication Corp.	
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/25/2019
Printed name of Authorized Officer:	Carren Walters	
Title or position of Authorized Officer:	Chief Accounting Officer	
Telephone number of Authorized Officer:	9078687025 ext.	
Study Area Code of Reporting Carrier:	618322	Filing Due Date for this form: 07/01/2019
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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<142> State AK

North Slope Borough

<143> County _____

Alaska

<144> Tribal Land(s) on which ETC Serves _____

618322_TLRa5_AK.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, Not Applicable)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

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<200> Date Authorized to Receive Support

03/13/2015

<201> Targeted Completion Date

03/14/2018

<202> Total Mobility Fund Support Awarded

4671108.00

<203> Total Mobility Fund Support Disbursed

1557036.00

<210> Actual Completion Date

<211> Project Status Description (attached)

618322_PSD_AK.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212> Status of Network Deployment - Network Design

✓

<213> Status of Network Deployment - Construction

✓

<214> Status of Network Deployment - Deployment

✓

<215> Status of Network Deployment - Maintenance

✓

<216> Project Budget Status

✓

<217> Project Plan Status

✓

<218> Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:**Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: GCI Communication Corp.

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/25/2019

Printed name of Authorized Officer: Carren Walters

Title or position of Authorized Officer: Chief Accounting Officer

Telephone number of Authorized Officer: 9078687025 ext.

Study Area Code of Reporting Carrier: 618322

Filing Due Date for this form: 07/01/2019

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
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Attachments

(060) Coverage and Performance ReportFCC Form 690
Approved by OMB
OMB Control No. 3060-1185

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<140> Coverage and Performance Report Year 01/2018 - 12/2018

<141>									
<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<c1>	<c2>	<c3>	<d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
AK	North Slope Borough	021850001001030	19	19	19	3.36	0.0	0.0	Yes
AK	North Slope Borough	021850001001031	2	2	2	0.11	0.0	0.0	Yes
AK	North Slope Borough	021850001001035	18	18	18	0.1	0.0	0.0	Yes
AK	North Slope Borough	021850001001051	31	31	31	1.53	0.0	0.0	Yes
AK	North Slope Borough	021850001001052	32	32	32	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001053	29	29	29	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001054	11	11	11	0.12	0.0	0.0	Yes
AK	North Slope Borough	021850001001057	17	17	17	0.28	0.0	0.0	Yes
AK	North Slope Borough	021850001001058	58	58	58	0.6	0.0	0.0	Yes
AK	North Slope Borough	021850001001059	15	15	15	0.98	0.0	0.0	Yes
AK	North Slope Borough	021850001001061	41	41	41	0.43	0.0	0.0	Yes
AK	North Slope Borough	021850001001063	48	48	48	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001064	49	49	49	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001065	58	58	58	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001066	118	118	118	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001067	136	136	136	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001068	24	24	24	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001001069	30	30	30	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001001070	53	53	53	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001071	55	55	55	0.2	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

0

(060) Coverage and Performance ReportFCC Form 690
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State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (yes/no)
AK	North Slope Borough	021850001001072	101	101	101	2.69	0.0	0.0	Yes
AK	North Slope Borough	021850001001073	35	35	35	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001074	28	28	28	0.24	0.0	0.0	Yes
AK	North Slope Borough	021850001001075	5	5	5	0.24	0.0	0.0	Yes
AK	North Slope Borough	021850001001076	70	70	70	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001077	53	53	53	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001078	8	8	8	0.24	0.0	0.0	Yes
AK	North Slope Borough	021850001001079	179	179	179	0.44	0.0	0.0	Yes
AK	North Slope Borough	021850001001080	56	56	56	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001081	21	21	21	0.15	0.0	0.0	Yes
AK	North Slope Borough	021850001001082	65	65	65	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001083	74	74	74	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001084	48	48	48	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001085	55	55	55	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001086	64	64	64	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001087	46	46	46	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001088	69	69	69	2.44	0.0	0.0	Yes
AK	North Slope Borough	021850001001101	49	49	49	0.25	0.0	0.0	Yes
AK	North Slope Borough	021850001001102	53	53	53	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001103	56	56	56	0.2	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

0

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AK	North Slope Borough	021850001001104	50	50	50	0.27	0.0	0.0	Yes
AK	North Slope Borough	021850001001105	68	68	68	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001001106	94	94	94	0.15	0.0	0.0	Yes
AK	North Slope Borough	021850001001107	22	22	22	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001108	79	79	79	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001110	39	39	39	2.23	0.0	0.0	Yes
AK	North Slope Borough	021850001001115	62	62	62	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001116	83	83	83	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001117	48	48	48	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001118	40	40	40	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001119	61	61	61	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001120	35	35	35	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001001121	75	75	75	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001001141	62	62	62	0.17	0.0	0.0	Yes
AK	North Slope Borough	021850001002002	57	57	57	0.42	0.0	0.0	Yes
AK	North Slope Borough	021850001002004	31	31	31	4.78	0.0	0.0	Yes
AK	North Slope Borough	021850001002005	23	23	23	0.14	0.0	0.0	Yes
AK	North Slope Borough	021850001002006	25	25	25	0.17	0.0	0.0	Yes
AK	North Slope Borough	021850001002007	60	60	60	0.18	0.0	0.0	Yes
AK	North Slope Borough	021850001002008	49	49	49	0.25	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
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by Service

0

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AK	North Slope Borough	021850001002009	12	12	12	0.17	0.0	0.0	Yes
AK	North Slope Borough	021850001002010	23	23	23	0.13	0.0	0.0	Yes
AK	North Slope Borough	021850001002011	11	11	11	0.11	0.0	0.0	Yes
AK	North Slope Borough	021850001002015	52	52	52	5.69	0.0	0.0	Yes
AK	North Slope Borough	021850001002016	44	44	44	0.31	0.0	0.0	Yes
AK	North Slope Borough	021850001002017	53	53	53	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002018	89	89	89	0.3	0.0	0.0	Yes
AK	North Slope Borough	021850001002019	50	50	50	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002020	36	36	36	0.23	0.0	0.0	Yes
AK	North Slope Borough	021850001002021	15	15	15	0.32	0.0	0.0	Yes
AK	North Slope Borough	021850001002022	59	59	59	0.19	0.0	0.0	Yes
AK	North Slope Borough	021850001002023	96	96	96	0.24	0.0	0.0	Yes
AK	North Slope Borough	021850001002025	45	45	45	0.39	0.0	0.0	Yes
AK	North Slope Borough	021850001002026	131	131	131	0.61	0.0	0.0	Yes
AK	North Slope Borough	021850001002027	53	53	53	0.2	0.0	0.0	Yes
AK	North Slope Borough	021850001002030	81	81	81	0.26	0.0	0.0	Yes
AK	North Slope Borough	021850001002031	49	49	49	0.21	0.0	0.0	Yes
AK	North Slope Borough	021850001002034	93	93	93	0.22	0.0	0.0	Yes
AK	North Slope Borough	021850001002035	45	45	45	0.28	0.0	0.0	Yes
AK	North Slope Borough	021850001002036	29	29	29	0.16	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

0

FCC Form 690
Approved by OMB
OMB Control No. 3060-1185

<010>	Study Area Code	618322
<015>	Study Area Name	GCI Communication Corp.
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chris Nierman
<035>	Contact Telephone Number - Number of person identified in data line <030>	2024578815 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cnierman@gci.com
<140>	Coverage and Performance Report Year	01/2018 - 12/2018

[illegible]

Percentage of
Total Population
Reached by
Service

100

Percentage of Total
Road Miles covered
by Service

0